

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 3574.4US (97-1437.04/US)

First Inventor Gochmour et al.

Title METHOD AND APPARATUS FOR REDUCING WARPAGE DURING  
APPLICATION AND CURING OF ENCAPSULANT MATERIALS ON A  
PRINTED CIRCUIT BOARD

Express Mail Label No. EV325769897US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

**ADDRESS TO:**Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 16 ]  
(preferred arrangement set forth below)
- Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 3 ]
5. Oath or Declaration [Total Pages 2 ]
- a. ☐ Newly executed (original or copy)
  - b. ☒ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)
  - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
- a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATIONS PARTS**

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent.
17. ☐ Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,  
or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: 09 / 578,255

Prior application information: Examiner L. Edwards

Group / Art Unit: 1734

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied  
under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference.  
The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**☒ Customer Number or Bar Code Label

24247

PATENT TRADEMARK OFFICE

or ☐ Correspondence address below

Name

Address

City

State

Zip Code

Country

Telephone

Fax

Name (Print/Type)

James R. Duzan

Registration No. (Attorney/Agent)

28,393

Signature

Date

July 14, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any  
comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark  
Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application,  
Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="font-size: small; margin: 5px 0;">Effective 01/01/2003. Patent fees are subject to annual revision.</p>		<p><b>Complete if Known</b></p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	Not yet assigned
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 750.00		Filing Date	July 14, 2003
		First Named Inventor	Gochmour et al.
		Examiner Name	Unknown
		Group / Art Unit	Unknown
		Attorney Docket No.	3574.4US (97-1437.04/US)

<p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p> <input checked="" type="checkbox"/> Check                   <input type="checkbox"/> Credit card                   <input type="checkbox"/> Money Order                   <input type="checkbox"/> Other                   <input type="checkbox"/> None             </p> <p> <input type="checkbox"/> Deposit Account:             </p> <div style="margin-top: 10px;">                 Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">20-1469</span> </div> <div style="margin-top: 10px;">                 Deposit Account Name: <span style="border: 1px solid black; padding: 2px 20px;">TraskBritt</span> </div> <p style="font-size: small;">                     The Commissioner is authorized to: (check all that apply)  <input type="checkbox"/> Charge fee(s) indicated below                       <input checked="" type="checkbox"/> Credit any overpayments  <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application  <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.                 </p>					<p><b>FEE CALCULATION (continued)</b></p>																																																																																																																																																																																																																																																
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1203	280	2203	140	Multiple dependent claim, if not paid																																																																																																																																																																																																																																																	
1204	84	2204	42	** Reissue independent claims over original patent																																																																																																																																																																																																																																																	
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<p><b>SUBMITTED BY</b></p>			<p><b>Complete (if applicable)</b></p>		
Name (Print/Type)	James R. Duzan	Registration No. Attorney/Agent)	28,393	Telephone	801-532-1922
Signature				Date	July 14, 2003

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